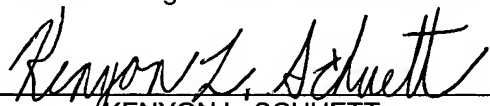




IN THE UNITED STATES PATENT AND TRADEMARK OFFICE	<i>Application Number</i>	10/824,207
	<i>Filing Date</i>	April 14, 2004
	<i>First Named Inventor</i>	LAWRENCE P. BURDETT
	<i>Group Art Unit</i>	1638
	<i>Examiner Name</i>	K. ROBINSON
	<i>Attorney Docket Number</i>	1760-321
<i>Title of the Invention:</i> COTTON CULTIVAR 02T57R		

<p align="center">CERTIFICATE OF EXPRESS MAILING</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail (post office to addressee) in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this 7th day of September, 2005. The number of the Express Mail mailing label is EV690533435US.</p> <p align="center"> KENYON L. SCHUETT Reg. No. 44,324</p>

PETITION FOR EXTENSION OF TIME
UNDER 37 C.F.R. §1.136(a)

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria VA 22313-1450

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows:

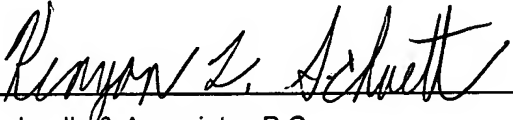
- | | | |
|-------------------------------------|--------------|-----------|
| <input checked="" type="checkbox"/> | One Month | \$ 120.00 |
| <input type="checkbox"/> | Two Months | \$ |
| <input type="checkbox"/> | Three Months | \$ |
| <input type="checkbox"/> | Four Months | \$ |
| <input type="checkbox"/> | Five Months | \$ |

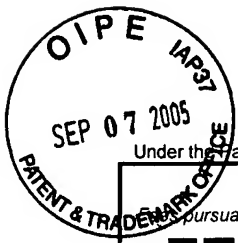
☐ Applicant claims small entity status. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$___.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number 50-2368.

RESPECTFULLY SUBMITTED,					
NAME AND REG. NUMBER	Kenyon L. Schuett, Reg. No. 44,324				
SIGNATURE				DATE	September 7, 2005
Address	Jondle & Associates P.C. 858 Happy Canyon Road, Suite 230				
City	Castle Rock	State	CO	Zip Code	80108
Country	U.S.A.	Telephone	303-799-6444	Fax	303-799-6898



Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005**Complete if Known**

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Application Number	10/824,207
TOTAL AMOUNT OF PAYMENT (\$)	Filing Date	April 14, 2004
120	First Named Inventor	LAWRENCE P. BURDETT
	Examiner Name	K. ROBINSON
	Art Unit	1638
	Attorney Docket No.	1760-321

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 50-2368 Deposit Account Name: _____
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Fee for one month extension of time

Fee Paid (\$)

120.00

SUBMITTED BY

Signature	<i>Kenyon L. Schuett</i>	Registration No. (Attorney/Agent) 44,324	Telephone 303-799-6444
Name (Print/Type)	KENYON L. SCHUETT		Date 09/07/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.